

EMPLOYER SERVICES
TN DEPT OF LABOR AND WORKFORCE DEVELOPMENT
500 JAMES ROBERTSON PKWY, 8TH FLOOR
NASHVILLE TN 37245-3555
(615)741-2486 FAX (615)741-7214



**REPORT TO DETERMINE STATUS
NONPROFIT ORGANIZATION
PRIVATE PRIMARY, SECONDARY SCHOOLS**

1. Enter Federal Number, Business Name and Address

Federal No. _____

Name _____

Address _____

	Tennessee ID#		OFFICIAL USE ONLY			
			M.No.	SIC	County	Area
	Liab.	Org.	Date Liable	First Employment		Rate
	Ind GI	Comp Year	Status Rec Date	ROC	MS IC	
	Previous No.		S I C 6	M SIC -6	AUX-SIC	
						VERIFIED

**Note: Attach copy of Corporate Charter and
IRS notification of 501(c)(3) exemption.**

2. PHYSICAL ADDRESS in Tennessee if different from above: _____

PHONE _____

3. (a) Type of organization: Nonprofit _____ Institution of Higher Education _____

Hospital _____ Private Primary, Secondary School _____ Other _____

(b) List Name and Title of three (3) principal officers or officials:

(1) Name _____ (2) _____ (3) _____

(1) Title _____ (2) _____ (3) _____

(c) If a corporation, give state in which incorporated and date _____

(d) Give date you first had employees in Tennessee _____

4. Did you have four (4) or more individuals in employment in Tennessee for any portion of a day within twenty (20) different weeks in a calendar year after 1970? Yes ☐ No ☐ If answer is "Yes," give month, day and year of the twentieth week of the first year this occurred _____

5. Do you wish to elect to reimburse the state for benefits paid in lieu of premiums? YES ☐ NO ☐

If answer is "Yes," complete Reimbursement Election on page 2 of this form. (See Page 2)

6. Are you exempt from income tax under Section 501(c)(3) of the Internal Revenue Code of 1954? YES ☐ NO ☐

If answer is "Yes," attach a copy of Certificate of Exemption for Income Tax.

Name of Business	Address	County	Nature of Business	Number of Employees

Reimbursement employers are liable for all benefits based on wages paid by them including overpayments based on administrative errors or improper employer reporting.

THIS REPORT MUST BE SIGNED BY AN AUTHORIZED OFFICIAL.		
DATE	BY SIGNATURE	TITLE

ELECTION TO BECOME A REIMBURSING EMPLOYER

Date _____

Pursuant to the provisions of Section 50-7-403(h) of the Tennessee Employment Security Law, the undersigned eligible employer elects to reimburse the Tennessee Department of Labor and Workforce Development for all unemployment insurance benefits (including the amount of extended benefits) charged to this legal entity during the effective period of election.

This employer elects to reimburse the Department of Labor and Workforce Development for benefits charged by one of the two methods indicated below:

- ☐ 1. Monthly, the Department shall bill the employer for the amount equal to the full amount of regular benefits plus one-half of extended benefits paid attributable to service in the employ of the employer. The employer shall make full payment of the billed amount within thirty (30) days from the date the bill was mailed to the employer, unless the employer has filed an application for a review and redetermination of such bill. If an application for a review and redetermination has been filed, the employer must pay the bill in full within fifteen (15) days of the final determination of this issue by the Department of Labor and Workforce Development.

OR

- ☐ 2. Quarterly, the employer shall pay a percentage of its total payroll for the immediately preceding calendar year. The percentage will be determined by the Department based on the employer's average unemployment benefit cost during the preceding calendar year. The Department will determine the percentage if the employer did not pay wages in the preceding calendar year. At the end of the calendar year, the Department will determine whether the total payments are less than or in excess of benefits chargeable to the employer during the calendar year. If the payments are insufficient, the employer will be billed for the unpaid balance. If the payments are in excess of benefit charges, the Department may, at its discretion, refund all or part of the excess or may retain all or part as payment against charges expected to be incurred in the next calendar year.

This agreement is effective for a minimum of one complete taxable year. Any request to terminate this agreement and become a premium-paying employer must be filed in writing with the Commissioner within thirty (30) days prior to the end of the then current taxable year. (All taxable years end on June 30th.)

Organization _____

By _____

Title _____